



Delivering Excellence Every Day

## Exemption Cancellation Form

**Instructions:** Complete the information below . Sign, date, and return this form by mail or in person to 111 NW First Street, Suite 710, Miami Florida 33128. You must include a copy of your valid Driver ' s License or State ID with this exemption cancellation request. Note: If your mailing address has changed, please complete the mailing address change form also available on our website at [www.miamidade.gov/pa](http://www.miamidade.gov/pa).

Stamp Receive Date

**Step 1** What property do you want to cancel exemption ( s ) on?

Property Address

Folio Number

**Step 2** Which exemption ( s ) do you want to cancel?

- ☐ Homestead Exemption. Month, day and year you moved out? \_\_\_\_\_
- ☐ Widow/Widower. If checked, what date did you remarry? \_\_\_\_\_
- ☐ Civilian Disability ( includes \$500 and Total and Permanent Disability )
- ☐ Veteran Disability ( includes \$5,000 and Total and Permanent Disability )
- ☐ Senior Exemption
- ☐ Granny Flat Assessment Reduction
- ☐ Other \_\_\_\_\_

**Step 3** Complete the section below and sign.

Please cancel the above indicated exemption ( s ) and, if applicable, issue a corrective tax bill.

Print Name

Date

Signature

Social Security Number

Office use only: ☐ Current Year Cancel ☐ Prior Year / cut out #